

APPLICATION DATA SHEET**Application Information**

Application Type: National Phase
Subject Matter: Utility
Suggested Classification:
Suggested Group Art Unit:
CD-ROM or CD-R?: None
Number of CD disks:
Number of copies of CDs:
Sequence submission?:
Computer Readable Form (CRF):
Number of copies of CRF:
Title: USE OF SURFACTANT PREPARATIONS
FOR THE TREATMENT OF SURGICAL
ADHESIONS
Attorney Docket Number: 27184U
Request for Early Publication?: No
Request for Non-Publication?: No
Suggest Drawing Figure:
Total Drawing Sheets: 1
Small Entity?: No
Latin name:
Variety denomination name:
Petition included?: No
Petition Type:
Licensed U.S. Govt. Agency:
Contract or Grant Numbers:
Secrecy Order in Parent Appl.?:

Applicant Information

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Dietrich
Middle Name:

Family Name: HAEFNER
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Beethovenstrasse 5,
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78464

Applicant Information

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Ralf
Middle Name:
Family Name: HARAND
Name Suffix:
City of Residence: Reichenau
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Untere Rheinstrasse 31,
City of mailing address: Reichenau
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78479

Applicant Information

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Eva
Middle Name:
Family Name: AMMON
Name Suffix:

City of Residence: Allensbach
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Standweg 9d,
City of mailing address: Allensbach
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78476

Applicant Information

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Ernst
Middle Name:
Family Name: STURM
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Bohlstrasse 14,
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78465

Applicant Information

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Klaus
Middle Name:
Family Name: EISTETTER
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:

Country of Residence: DE
Street of Mailing address: Saentisblick 7,
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78465

Applicant Information

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Friedemann
Middle Name:
Family Name: TAUT
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Zeppelinstr. 6,
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78464

Applicant Information

Applicant Authority type: Inventor
Primary Citizenship Country: DE
Status: Full Capacity
Given Name: Thomas
Middle Name:
Family Name: MUELLER
Name Suffix:
City of Residence: Konstanz
State or Province of Residence:
Country of Residence: DE
Street of Mailing address: Sepp-Biehler-Str. 5,

City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78464

Representative Information

Representative Customer Number:	034375
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Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

Foreign Priority Information

Country:	Application number:	Filing Date:	Priority Claimed:
EP	03019446.8	28 August 2003 (28.08.2003)	Yes

Assignee Information

Assignee name: Altana Pharma AG
Street of mailing address: Byk-Gulden-Str. 2
City of mailing address: Konstanz
State/Province of mailing address:
Country of mailing address: DE
Postal Code of mailing address: 78467